

Press Release

A new analysis by the Colorado Health Institute (CHI) estimates that Colorado will need to add between 83 and 141 primary care providers – physicians, nurse practitioners and physician assistants – to care for the estimated 510,000 Coloradans who will become insured under federal health reform beginning in 2014.

CHI is answering, for the first time in Colorado, the question of how the influx of a half million newly insured residents between 2014 and 2016 will affect Colorado’s health care delivery system.

Conventional thinking had pointed to an overwhelming need for primary care workers in the wake of health reform. CHI’s findings, however, suggest a more manageable number.

It is important to note, however, that the new analysis refers solely to the need created by those becoming insured because of the Affordable Care Act. Ongoing primary care challenges in Colorado – current shortages in rural, frontier and underserved urban areas combined with population growth, an increase in the percentage of older Coloradans, an increase in the number of primary care providers reaching retirement age and the trend toward providers choosing specialty care rather than primary care – are not included in these numbers.

In the areas of Colorado already struggling with shortages, the need to attract even a small number of doctors and nurses will be challenging. And low-income Coloradans who have difficulty finding affordable medical care now will continue to encounter obstacles after a half million people enter the system.

“Essentially, the fault lines in Colorado’s health care infrastructure will most likely widen, especially during the early phases of implementation,” said Michele Lueck, president and CEO of CHI.

Highlights of CHI’s findings

- An estimated 510,000 Coloradans – nearly one of every 10 residents – will move from the ranks of the uninsured to the insured under the Affordable Care Act beginning in 2014.
- About 130,000 of the newly insured will be enrolled in the federal-state Medicaid insurance program. Eligibility is expanding to all individuals and members of families under 133 percent of the federal poverty level. (An annual income of \$10,890 for an individual and \$29,726 for a family of four in 2011).
- The other 380,000 newly insured will be required to obtain private health insurance – from their employer, a pooled statewide health insurance benefit exchange or the individual market – or pay a penalty on their tax return (the “individual mandate”).

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- These newly insured residents will make an estimated 253,765 to 427,736 annual primary care office visits. These visits will be above and beyond any yearly visits they made when they were uninsured. This projection accounts for differences in medical usage by age, gender and health status of Colorado’s newly insured.
- Based on the number of increased visits, and factoring in the productivity of Colorado’s primary care workforce, Colorado will need between 71 and 117 additional primary care physicians and between 12 and 24 additional primary care nurse practitioners and physician assistants as of 2016.
- CHI projects that the total need for additional primary care providers – physicians, nurse practitioners and physician assistants – will be between 83 and 141. CHI included nurse practitioners and physician assistants in this analysis because of the increasingly important role they are playing in providing primary care.
- Medicaid enrollees, an estimated 25 percent of the newly insured, will account for about 36 percent of the additional medical care, or 30 to 49 providers. Without federal health reform, all Coloradans under the age of 65 – insured and uninsured – would make an estimated 8.7 million primary care office visits in 2016. The expected increase in annual primary care visits by the newly insured represents a 3 to 5 percent increase.
- Colorado has 3,272 physicians, 995 licensed nurse practitioners and 785 licensed physician assistants focusing on primary care. The projected increase in primary care providers represents a workforce increase of 2 to 3 percent.

The addition of the newly insured presents a number of health care policy and planning implications that CHI examines in the publication of its study.

In addition, the publication contains data gathered by CHI that are intended to help community-level planning for the changes expected under the Affordable Care Act, including population demographics, the primary care workforce, the safety net and health insurance status. The data are presented for each of the state’s 21 Health Statistics Regions.

The analysis related to the need for additional primary care providers is also broken down by Colorado’s 65 counties.

Link to the publication (available after 9 a.m. Monday, Dec. 12):
coloradohealthinstitute.org/projects/NewlyInsured

About CHI:

CHI is a nonprofit organization that provides objective health information, including data and analysis, for Colorado. CHI celebrates its tenth anniversary in 2012.

